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ABSTRACT

Supporting performance objective 5 of the V-TECS (Vocational-Technical Education Consortium of States) Secretarial Catalog, both a set of student materials and an instructor's manual on preparing accident reports in an office are included in this packet. (The packet is the third in a set of three on performing clerical activities--CE 016 948-950.) The student materials include information on insurance policies and preparing accident reports, two self-tests with answer keys, a check-out activity (with relevant forms), and an instructor's final checklist for evaluating activity performance. The instructor's manual includes duplicating instructions, suggestions for administering the packet and its activity, a cassette tape script for optional use with part of the activity, and an answer key to the activity. The materials are designed for self-paced individual instruction and may be adapted for use with large groups. (A separate booklet--CE 016 911--lists contents for the three packets in this set along with those in several other sets--seventy-eight packets in all--based on the same V-TECS catalog.) (JT)

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ED155439

PERFORMING CLERICAL ACTIVITIES

PREPARING ACCIDENT REPORTS IN AN OFFICE

STUDENT MANUAL

Materials in this Lesson have been
Developed in the State of Kentucky in
A Cooperative Effort Between the Bureau of Vocational Education,
State Department of Education, the Department of
Vocational Education, College of Education, University of Kentucky;
and the Department of Business, Northern Kentucky State College

and

Maleeta M. Jones

These materials support
Performance Objective 5 of the
V-TECS Secretarial Catalog

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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State Department of Education
Office of Vocational Education
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Columbia, South Carolina 29201

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OE 0 16 950

PREPARING ACCIDENT REPORTS

INTRODUCTION

In the fast-moving world of today, the majority of companies realize the importance of protection. Companies protect themselves by maintaining insurance policies. Most companies offer these policies to their employees as a service or benefit for working for them. Often when an accident occurs, the person involved will report it to the main office. As a secretary working in the office, it may be your job to type the accident report and send it to the appropriate agency. In this unit, you will become acquainted with the procedure for filing accident reports.

DIRECTIONS

Before you begin work on this task, be sure you have completed assignments in class concerning typing business forms, manuscripts, and reports. If you have done this type of practice, read the objective below. If you think you are able to perform this task, read the Check-Out Activities on page 9. Then either complete the Check-Out Activity;

or

If you need to complete learning activities in order to be able to do the tasks, turn to page 2 and go through the Learning Activities in the order given.

OBJECTIVE

Given two accident report forms and the source of appropriate data, complete the accident report in compliance with the statutory regulations.

LEARNING ACTIVITIES

1	READ Instruction Sheet I, INSURANCE POLICIES
	or
2	CHECK YOUR KNOWLEDGE by completing Student Self-Check I, CHOOSING THE CORRECT FORM.
3	READ Instruction Sheet II, PREPARING ACCIDENT REPORTS.
	or
4	COMPLETE Student Self-Check II, TYPING AN ACCIDENT REPORT.
	or
5	ARRANGE with your instructor to complete this unit by completing the Check-Out Activities.

Instruction Sheet I

INSURANCE POLICIES

Whether for an individual, a family, or a company, insurance is needed for protection. Insurance is paying a small amount (the premium) for protection against a large accident. It helps to protect against loss of something of value. Many insurance companies provide all types of insurance, while others may specialize in such things as automobile insurance or life insurance.

As a secretary you may work for an insurance company, or if not, you may be the person who has to file the claims of your company with the appropriate insurance agency. It is important that you understand the different types of insurance, as well as the procedures for filing an accident report.

There is property insurance for protection against property loss such as damage done by fire or theft. This protection is to cover accidents that might happen to the company's property. Companies usually provide their employees with life insurance in case of death. If something happens to the employee, there is a policy which will pay benefits, such as funeral expenses, to the survivors of the employee. In case an employee is injured on the job or becomes ill, most companies provide the employees with health and accident insurance. This would help to pay the doctor and hospital bills for the employee or his family.

A company also provides insurance to protect itself from being sued in case someone gets hurt while on their property. This is usually referred to as bodily injury liability insurance or public liability insurance.

Another type of insurance that some companies provide is automobile insurance on a company car. This type of insurance usually covers any damage to the company car, any damage to the other person's car, any damage to property that might be involved, any medical expenses incurred by either party, and protection against uninsured motorists.

Student Self-Check I

CHOOSING THE CORRECT FORM

(1) Number a plain sheet of paper from 1-10.

(2) Write the correct letter for the report you would type for each of the situations listed below.

(3) Compare your responses to the correct responses given in the key.

Forms to choose from:

A. Property Damage Claim Form
B. Automobile Accident Claim Form
C. Health and Accident Claim Form
D. Life Insurance Claim Form
E. Public Liability Insurance Claim Form

CASES

(1) An employee reports he injured his hand on the job.
(2) An employee reports his wife is in the hospital.
(3) A wind storm breaks a window in the main office.
(4) An employee reports he collided with another automobile, damaging company automobile.
(5) An employee dies.
(6) The roof is damaged by hail.
(7) Someone, not an employee, is hurt in the company elevator.
(8) Someone, not an employee, slips on the ice on the step of the company entrance.
(9) An employee slips on the ice on the step of the company entrance.
(10) An employee backs into a telephone pole with the company car.

Instruction Sheet II

PREPARING ACCIDENT REPORTS

As mentioned previously, it is often the secretary's duty to process a claim to an insurance company. When the secretary receives a report of an accident, information relative to the accident must be collected. The secretary must also obtain the necessary personal data. The information related to the accident can usually be obtained from the employee at the time the claim is filed. The personal data can usually be obtained from the employer's files.

Once the secretary has all the information, the accident form or report is ready to be typed. The secretary first selects the proper report and then types the information on the appropriate blank lines. All blank spaces that apply to the accident must be completed. The secretary must remember to complete the accident report in compliance with the statutory regulations. This requirement is usually met by answering all the information on the accident report and filing the form with the appropriate agency, who then sends a copy to the state department that is involved. These OSHA (Occupational Safety and Health Act) guidelines and regulations require certain reporting procedures that your organization must submit after an accident has occurred. Be sure to check your company's policy concerning these federal regulations.

The secretary should keep in mind that the accident report must be neat and accurate.

Student Self-Check II

TYPING AN ACCIDENT REPORT

(1) Using the information below, complete the report form by typing the information on the appropriate lines.

(2) Use the report form provided.

(3) Compare your completed copy with the correct form included.

CASE

You are working in the office of the H & N Company, 212 Vine Street, Covington, South Carolina, (Kenton County) 29615, when Scott May, salesman, reports that while driving south on Main Street, in town, a tire blow-out caused him to collide with a parked vehicle. Scott was driving a company car. The accident happened at 9:30 a.m. on Monday, July 9, 1976. The company car is a 1976 2-door Buick Regal, Serial No. 3R5917A625840. The owner of the other vehicle sustained a broken arm and was taken to Boothley Hospital on Elm Street by ambulance. Mr. May reports the owner of the other vehicle was Ralph L. Jones of 17 Lacey Drive, Erlanger, South Carolina 29544. Mr. Jones has insurance with United. Mr. May's Social Security Number is 249-55-6124.

After obtaining the police report of City Police Officer Smith, Badge No. 10, you notice the road was a two-lane highway with no apparent defects, and that the weather was clear. The road was also described as straight and level.

You call Ralph L. Jones' insurance company to obtain the information needed on his car. You find that he was born on August 27, 1941, and his license number is J-001-765-786-09. He is the owner of his 1974 Ford, 4-door, Serial No. 7P8204S815963, and his South Carolina license number is AGH-702. He is an accountant. According to the insurance company, his car was damaged in the left front fender, which will cost approximately $107 to repair. Mr. Jones' Social Security Number is 249-70-2220.

After obtaining from the company files Scott Thomas May's home address of 252 Ravenwood Road, Crescent Springs, South Carolina, 29490; his birth date of February 17, 1950; his driver's license number M-000-765-768-90 and his company car license number AGA-505, you are ready to complete the form with the exception of an estimate on the company car.

You obtain the estimate for repairs to the company car from your employer and note that the damage was to the right front fender and tire. The cost of repair is $252. Complete the accident report. Additional information is found on the next page.

Additional information for completing the Roadway and Environment section:

Light-Daylight

Weather-Clear

Locale-Shopping or Business

Character-Straight-level

Construction-Asphalt

Condition-Dry

Defects-None

Traffic Control-None

Roadway Lanes-Two Lanes, One-way Street

Roadway Divided by-Other

Vision Obscured-Not

SOUTH CAROLINA
STATE HIGHWAY DEPARTMENT
COLUMBIA
Form 309 / SR-21
Rev. 11-76
YOUR REPORT IS CONFIDENTIAL AND CANNOT BE USED AS EVIDENCE IN ANY TRIAL

SOUTH CAROLINA TRAFFIC COLLISION REPORT

The driver or owner of a vehicle which is in any manner involved in an accident resulting in total property damages to an apparent extent of one hundred dollars or more or in death or bodily injury, shall complete and send this form to STATE HIGHWAY DEPARTMENT, FINANCIAL RESPONSIBILITY SECTION, P. O. DRAWER 1498, COLUMBIA, SOUTH CAROLINA, within five days of the accident.

FOR OFFICE USE

Sheet ___ of ___ Sheet(s)

DATE OF COLLISION Mo. / Day / Year	COUNTY	DAY OF WEEK (Circle) S M T W T F S	TIME : A.M. / P.M.	ON 1—INTERSTATE 2—U.S. PRIMARY 3—S.C. PRIMARY 4—SECONDARY 5—COUNTY 6—OTHER	ROUTE OR ROAD NUMBER (Also Street Name, If Any)

INTERSECTION OF ROUTE OR ROAD NUMBER (Also Street, If Any) AT	IF NOT AT INTERSECTION: 1—FEET 2—MILES N E S W OF ROUTE OR ROAD NUMBER (Also Street Name, If Any)	CITY OR TOWN IN

IF OUTSIDE CITY LIMITS: _____ MILES N E S W OF CITY OR TOWN

COLLISION INVESTIGATED BY: (Circle One or More) 1—HIGHWAY PATROL 2—CITY POLICE 3—COUNTY POLICE 4—SHERIFF DEPT. 5—OTHER _____ 6—NOT INVESTIGATED

Rank & Name of Officer

Your Unit No. 1

DRIVER

DRIVER'S FULL NAME	STREET OR R.F.D.	CITY AND STATE	ZIP

DATE OF BIRTH	SEX	RACE	DRIVER LICENSE NUMBER	STATE

VEHICLE

MAKE & IDENTIFICATION (SERIAL) NO.	BODY	YR. MK.	LICENSE TAG NUMBER	STATE	YEAR	LEGALLY PARKED
						☐ Yes ☐ No

OWNER'S NAME	STREET OR R.F.D.	CITY AND STATE Zip

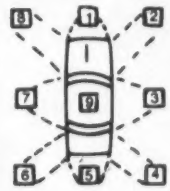
TYPE: (Circle One) 01—AUTO 02—BICYCLE 03—STA. WAGON 04—PANEL-PICKUP 05—TR.-TRACTOR 06—OTHER TRUCK 07—FARM MACH. 08—COMM. BUS 09—SCHOOL BUS 10—OTHER BUS 11—M-CYCLE 12—OTHER (Description) _____

AREA(S) DAMAGED (Use Codes)

APPROXIMATE COST TO REPAIR: $ _____

DIRECTION OF TRAVEL: (CIRCLE) VEHICLE 1 N E S W VEHICLE 2 N E S W

CIRCLE POINT OF INITIAL IMPACT



Other Unit No. 2 or ☐ Pedestrian

DR./PED.

OTHER DRIVER'S OR PEDESTRIAN'S FULL NAME	STREET OR R.F.D.	CITY AND STATE	ZIP

DATE OF BIRTH	SEX	RACE	DRIVER LICENSE NUMBER	STATE

VEHICLE

MAKE & IDENTIFICATION (SERIAL) NO.	BODY	YR. MK.	LICENSE TAG NUMBER	STATE	YEAR	LEGALLY PARKED
						Yes ☐ No ☐

OWNER'S NAME	STREET OR R.F.D.	CITY AND STATE Zip

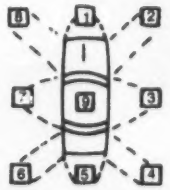
TYPE: (Circle One) 01—AUTO 02—BICYCLE 03—STA. WAGON 04—PANEL-PICKUP 05—TR.-TRACTOR 06—OTHER TRUCK 07—FARM MACH. 08—COMM. BUS 09—SCHOOL BUS 10—OTHER BUS 11—M-CYCLE 12—OTHER (Description) _____

AREA(S) DAMAGED (Use Codes)

APPROXIMATE COST TO REPAIR: $ _____

IF MORE THAN TWO UNITS USE ADDITIONAL REPORT FORM

CIRCLE POINT OF INITIAL IMPACT



DAMAGE TO PROPERTY OTHER THAN VEHICLE (Name Object, Name and Address of Owner and Damage)

Approx. Cost to Repair $

COMPLETE REVERSE SIDE ALSO

☐ Check here if a Form SR-23, Fleet policy of 25 or more vehicles is on file with the State Highway Department covering your vehicle.
☐ Check here if a certificate of self-insurance has been issued by the State Highway Department covering your vehicle and indicate the certificate number _____
☐ Check here if liability insurance was not in effect for your vehicle to comply with South Carolina Statutory Requirements.

(If any of the above are applicable, disregard the below portion.)

TO VEHICLE OPERATOR/OWNER:
YOU ARE HEREBY REQUIRED TO RETURN THIS FORM TO THE SOUTH CAROLINA HIGHWAY DEPARTMENT, MOTOR VEHICLE DIVISION, FINANCIAL RESPONSIBILITY, DRAWER 1498, COLUMBIA, SOUTH CAROLINA, 29216, WITH THE BELOW PORTION COMPLETED BY AN AUTHORIZED AGENT OR REPRESENTATIVE OF YOUR INSURANCE COMPANY SHOWING THAT ON THE DATE AND TIME STATED ABOVE WHEN THE MOTOR VEHICLE WAS BEING OPERATED, THAT IT WAS AN INSURED MOTOR VEHICLE PURSUANT TO SOUTH CAROLINA STATUTE. FAILURE TO COMPLY SHALL RESULT IN PROSECUTION FOR OPERATING/ALLOWING OPERATION OF AN UNINSURED MOTOR VEHICLE, AND UPON CONVICTION THEREOF, THE DEPARTMENT MUST SUSPEND YOUR DRIVING AND REGISTRATION PRIVILEGES FOR A PERIOD OF THIRTY DAYS AFTER WHICH YOU WILL BE REQUIRED TO FILE PROOF OF FUTURE FINANCIAL RESPONSIBILITY BEFORE REINSTATEMENT.

FOR INSURANCE COMPANY REPRESENTATIVE USE ONLY

TO BE COMPLETED BY INSURANCE AGENCY, BROKER, OR OTHER INSURANCE COMPANY REPRESENTATIVE

I hereby affirm that to the best of my knowledge the policy described below was in effect covering the vehicle listed on the date and time as mentioned. (Failure to complete all information below will result in refusal of this form.)

Name of Insurance Company	Policy No.	Effective Policy Dates FROM	TO

The information as contained herein is based solely upon my knowledge and belief as a representative of the above insurance company and no warranty of liability is imputed to the above mentioned insurance company as I have listed herein.

Signature of Authorized Representative _____ Title _____

Company Code Number _____ (If insurance agent or broker indicate corresponding company code number assigned by the South Carolina Department of Insurance. Indicate whether agent, broker, etc.)

Return to: S. C. STATE HIGHWAY DEPARTMENT
FORM 309 / SR-21
FINANCIAL RESPONSIBILITY
P. O. DRAWER 1498
COLUMBIA, S. C. 29216

FOR INSURANCE COMPANY REPRESENTATIVE USE ONLY

CODES

USE APPROPRIATE CODES IN BLOCKS PROVIDED

SEATING

1	2	3
4	5	6
7	8	9

M—Motorcycle
B—Bicycle
O—Other
U—Unknown
P—Pedestrian

SAFETY BELTS

LAP BELT ONLY	LAP AND SHOULDER BELT
N—None installed	E—Not used
F—Fastened	G—Lap Belt only used
U—Unfastened	H—Both belts used
D—Not reported	L—Not reported

INJURY

K—Killed
I—Severe lacerations, broken or distorted limbs, skull fracture, crushed chest, internal injuries, or had to be carried from the scene.
N—Lump on head, abrasions, minor lacerations.
P—Momentary unconsciousness, limping, complaint of pain, nausea, hysteria.

VICTIMS

	NAME	ADDRESS	Age	Sex	Veh No	Seating	Safety Belts	Injury
1.								
	TAKEN TO	TAKEN BY						
2.								
	TAKEN TO	TAKEN BY						
3.								
	TAKEN TO	TAKEN BY						
4.								
	TAKEN TO	TAKEN BY						

ROADWAY & ENVIRONMENT

LIGHT (Circle One)
1—DAYLIGHT
2—DAWN
3—DUSK
4—DARKNESS
5—DARKNESS RD. LIGHTED

WEATHER (Circle One)
1—CLEAR
2—RAINING
3—FOG
4—SNOWING, SLEETING
5—HAILING

LOCALE (Circle One)
1—OPEN COUNTRY
2—RESIDENTIAL
3—SHOPG or BUSINESS
4—MFG. or INDUSTRIAL
5—SCHOOL or PLAYD
6—

CHARACTER (Circle One)
1—STRAIGHT-LEVEL
2—STRAIGHT-ON GRADE
3—STRAIGHT-HILLCREST
4—CURVE-LEVEL
5—CURVE-ON GRADE
6—CURVE-HILLCREST

CONSTRUCTION (Circle One)
1—ASPHALT
2—CONCRETE
3—BRICK
4—DIRT

CONDITION (Circle One)
1—DRY
2—WET
3—SNOWY, ICY
4—MUDDY
5—HAZARDOUS MATERIAL

VISION OBSCURED (Circle One For Each Veh.)

1	2	
01	01	01—NOT OBSCURED
02	02	02—RAIN, SNOW, ICE, Etc. ON WINDSHIELD
03	03	03—TREES, CROPS, BUSHES, Etc.
04	04	04—BUILDINGS
05	05	05—EMBANKMENT
06	06	06—SIGNBOARD
07	07	07—HILLCREST
08	08	08—PARKED VEHICLE(S)
09	09	09—MOVING VEHICLE(S)
10	10	10—BLINDED BY HEADLIGHTS
11	11	11—BLINDED BY SUNLIGHT
12	12	12—OTHER
13	13	13—UNKNOWN IF OBSCURED

DEFECTS (Circle One or More)
1—SHOULDERS LOW
2—SHOULDERS HIGH
3—HOLES, BUMPS, Etc.
4—LOOSE MATERIAL ON SURFACES
5—ROAD UNDER CONST.
6—NONE
7—OTHER

TRAFFIC CONTROL (Circle One & Yes or No)
1—STOP SIGN
2—STOP & GO SIGNAL
3—YIELD SIGN
4—OFFICER OR FLAGMAN
5—RR CROSSING GATES
6—RR FLASHING LIGHTS
7—NONE
8—OTHER
FUNCTIONING Y—Yes N—No

ROADWAY LANES (Circle Two)
ONE-WAY STREET: Y—Yes N—No
1—ONE LANE
2—TWO LANES
3—THREE LANES
4—FOUR LANES
5—FIVE LANES
6—SIX LANES OR MORE
7—UNPAVED (ANY WIDTH)

ROADWAY DIVIDED BY: (Circle One)
1—GUARDRAIL
2—CONCRETE MEDIAN
3—EARTH MEDIAN
4—ROUGH MEDIAN
5—PAINTED MEDIAN OF 2 FT. WIDE OR MORE
6—OTHER
7—NO DIVISION

NARRATIVE

DESCRIBE WHAT HAPPENED (Refer to vehicles by number):

PERSON MAKING REPORT MUST SIGN HERE → X _____

Address

Date of Report _____

Mail report to: S. C. STATE HIGHWAY DEPARTMENT
FORM 309/SR-21
FINANCIAL RESPONSIBILITY
P. O. DRAWER 1498
COLUMBIA, S. C. 29216

CHECK OUT ACTIVITY

Use the two cases given below and complete the two forms.

CASE NO. 1

On March 10, 19– you arrive at the office of J & B, Inc., 2121 Lewis Drive, Lexington, South Carolina 29072 to begin your normal duties of secretary for the 9–5 day. Upon arrival you notice some damage to the front of the building. A wind and hail storm occurred around 10 p.m. Damages resulted in a broken window, broken receptionist's desk, broken typewriter, and carpet damage. The estimate made on the window was $275; the desk and typewriter was $650; and the carpet was $250. The total damage came to $1,175. Your employer tells you to obtain any other information you need from the file folder of the company's property insurance and to complete the necessary accident report in order that emergency handling of the situation will result. The company phone number is 685-3417, the employer's home phone is 685-3619, and the Social Security number is 327-52-9186. You obtain from the file folder the policy number of 17653. You note the policy is a standard property damage policy with a maximum coverage of $5,000 and a $100 deductible clause (which means the company must pay the first $100 of any damages). The form number involved with this claim is 35-66-73. In order to obtain fast results, you telephone the information to the insurance agency, Hargis [illegible]ance Company, 221 South Main Street, Lexington, SC 29072; and then type the report to mail to them. Complete the report form.

CASE NO. 2

You are secretary for Jeffrey Industries of 132 Park Avenue, Lexington, South Carolina 29072, in Fayette County. While you are working on Tuesday, April 4, 1978, John Baker, a salesman for the company, calls at 10 a.m. to report an accident he had 30 minutes ago. John was driving north on Lexington Parkway in the business district when his brakes failed. He crossed lanes hitting an oncoming car that was headed south. He called the city police and Officer Brown, Badge No. 23, made out the report. John also stated that the other driver obtained several cuts and bruises and was taken by ambulance to General Hospital, Fifth Street, Lexington. The driver's name is Ernest H. Long and his insurance is with the S & S Insurance Agency.

After obtaining a copy of the police report, you note that the road was level, divided by a painted medium, and had no defects. It was raining at the time of the accident causing the pavement to be wet.

You call S & S Insurance Company and obtain the needed information on Mr. Long. You already know that John Baker was driving a company car which was a 1975 Chevrolet, 4-door, station wagon, serial No. OJ24MN9085321. The insurance company tells you that Mr. Long of 72 Jude Circle, Lexington, 29072, was driving a 1973 Oldsmobile Cutlass, 2-door, serial number OK13NL7654098, and that the damage was in the front of the car and the estimate they have comes to $925. You also find out that Mr. Long was born on March 3, 1948, and his license number is L-07 3-781-785-29. His South Carolina license plate number is ALH-275.

After obtaining from your files John Donald Baker's home address of 27 Lakeview Drive, Lexington 29072, his birth date of August 27, 1951, his driver's license number of B-000-321-954-221-0, and his company car license number of BLT-249, you need only obtain a copy of the estimate in order to complete the accident form.

You obtain the copy of the estimate of the company car damages from your employer, Mr. Tim Relig., and note that the damage to the car was estimated at $1,150, due to most of the damage being in the front and left side.

Complete the form.

PROPERTY LOSS

INSURED	
1 POLICY NUMBER	

2 LAST NAME	FIRST	INITIAL	I.D. OR SOCIAL SECURITY NO.
3 ADDRESS			HOME PHONE / BUSINESS PH.
4 MAIL ADDRESS, IF DIFFERENT			
5 WHERE CAN INSURED BE CONTACTED?			WHEN?

LOSS	
6 DATE AND TIME OF LOSS AM PM	LOSS LOCATION IF DIFFERENT THAN PROPERTY ADDRESS
7 KIND OF LOSS (fire, wind, explosion, etc.)	PROBABLE AMT., ENTIRE LOSS

8 DESCRIPTION OF LOSS & DAMAGE (Use Reverse, if Necessary.)

POLICY INFORMATION	

9 ITEMS INVOLVED IN LOSS	AMOUNT	BLDG.	OTHER	COVERAGE OF PROP'TY.

10 SUBJECT TO FORM NOS. (Insert form nos. & edition dates.)

11 DEDUCTIBLE WINDSTORM & HAIL | DEDUCTIBLE OTHER PERILS

MISCELLANEOUS

12 OTHER INSURANCE (List names of companies, policy numbers & amounts.)

13

14

15 REMARKS (If emergency handling required or if subrogation possibilities, explain:)

16

17 | ADJUSTER ASSIGNED

18 DATE

19 REPORTED BY

20 REPORTED TO

21 FURTHER DESCRIPTION

22 SIGNATURE OF INSURED

SOUTH CAROLINA
STATE HIGHWAY DEPARTMENT
COLUMBIA
Form 309 / SR-21
Rev. 11-76,
YOUR REPORT IS CONFIDENTIAL AND CANNOT BE USED AS EVIDENCE IN ANY TRIAL

SOUTH CAROLINA TRAFFIC COLLISION REPORT

The driver or owner of a vehicle which is in any manner involved in an accident resulting in total property damages to an apparent extent of one hundred dollars or more or in death or bodily injury, shall complete and send this form to STATE HIGHWAY DEPARTMENT, FINANCIAL RESPONSIBILITY SECTION, P. O. DRAWER 1498, COLUMBIA, SOUTH CAROLINA, within five days of the accident.

FOR OFFICE USE

Sheet ___ of ___ Sheet(s)

DATE OF COLLISION Mo. / Day / Year	COUNTY	DAY OF WEEK (Circle) S M T W T F S	TIME : A.M. : P.M.	ON 1—INTERSTATE 2—U.S. PRIMARY 3—S.C. PRIMARY 4—SECONDARY 5—COUNTY 6—OTHER	ROUTE OR ROAD NUMBER (Also Street Name, If Any)

INTERSECTION OF ROUTE OR ROAD NUMBER (Also Street, If Any)	IF NOT AT INTERSECTION:	ROUTE OR ROAD NUMBER (Also Street Name, If Any)	CITY OR TOWN
AT	___ 1—FEET 2—MILES N E S W OF		IN

IF OUTSIDE CITY LIMITS: ___ MILES N E S W OF CITY OR TOWN

COLLISION INVESTIGATED BY: (Circle One or More) 1—HIGHWAY PATROL 2—CITY POLICE 3—COUNTY POLICE 4—SHERIFF DEPT. 5—OTHER ___ 6—NOT INVESTIGATED

Rank & Name of Officer

Your Unit No. 1

DRIVER

DRIVER'S FULL NAME	STREET OR R.F.D.	CITY AND STATE	ZIP

DATE OF BIRTH	SEX	RACE	DRIVER LICENSE NUMBER	STATE

VEHICLE

MAKE & IDENTIFICATION (SERIAL) NO.	BODY	YR. MK.	LICENSE TAG NUMBER	STATE	YEAR	LEGALLY PARKED
						☐ Yes ☐ No

OWNER'S NAME	STREET OR R.F.D.	CITY AND STATE	Zip

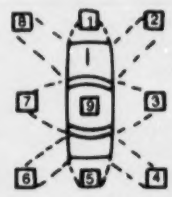
TYPE: (Circle One) 01—AUTO 02—BICYCLE 03—STA. WAGON 04—PANEL-PICKUP 05—TR.-TRACTOR 06—OTHER TRUCK 07—FARM MACH. 08—COMM. BUS 09—SCHOOL BUS 10—OTHER BUS 11—M-CYCLE 12—OTHER (Description) ___

AREA(S) DAMAGED (Use Codes)

APPROXIMATE COST TO REPAIR: $ ___

DIRECTION OF TRAVEL: (CIRCLE) VEHICLE 1 N E S W VEHICLE 2 N E S W

CIRCLE POINT OF INITIAL IMPACT



Other Unit No. 2 or ☐ Pedestrian DR./PED.

OTHER DRIVER'S OR PEDESTRIAN'S FULL NAME	STREET OR R.F.D.	CITY AND STATE	ZIP

DATE OF BIRTH	SEX	RACE	DRIVER LICENSE NUMBER	STATE

VEHICLE

MAKE & IDENTIFICATION (SERIAL) NO.	BODY	YR. MK.	LICENSE TAG NUMBER	STATE	YEAR	LEGALLY PARKED
						Yes ☐ No ☐

OWNER'S NAME	STREET OR R.F.D.	CITY AND STATE	Zip

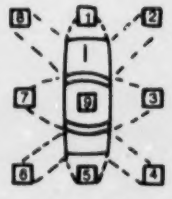
TYPE: (Circle One) 01—AUTO 02—BICYCLE 03—STA. WAGON 04—PANEL-PICKUP 05—TR.-TRACTOR 06—OTHER TRUCK 07—FARM MACH. 08—COMM. BUS 09—SCHOOL BUS 10—OTHER BUS 11—M-CYCLE 12—OTHER (Description) ___

AREA(S) DAMAGED (Use Codes)

APPROXIMATE COST TO REPAIR: $ ___

IF MORE THAN TWO UNITS USE ADDITIONAL REPORT FORM

CIRCLE POINT OF INITIAL IMPACT



DAMAGE TO PROPERTY OTHER THAN VEHICLE (Name Object, Name and Address of Owner and Damage)

Approx. Cost to Repair $

COMPLETE REVERSE SIDE ALSO

☐ Check here if a Form SR-23, Fleet policy of 25 or more vehicles is on file with the State Highway Department covering your vehicle.

☐ Check here if a certificate of self-insurance has been issued by the State Highway Department covering your vehicle and indicate the certificate number ___

☐ Check here if liability insurance was not in effect for your vehicle to comply with South Carolina Statutory Requirements.

(If any of the above are applicable, disregard the below portion.)

TO VEHICLE OPERATOR/OWNER:
YOU ARE HEREBY REQUIRED TO RETURN THIS FORM TO THE SOUTH CAROLINA HIGHWAY DEPARTMENT, MOTOR VEHICLE DIVISION, FINANCIAL RESPONSIBILITY, DRAWER 1498, COLUMBIA, SOUTH CAROLINA, 29216, WITH THE BELOW PORTION COMPLETED BY AN AUTHORIZED AGENT OR REPRESENTATIVE OF YOUR INSURANCE COMPANY SHOWING THAT ON THE DATE AND TIME STATED ABOVE WHEN THE MOTOR VEHICLE WAS BEING OPERATED, THAT IT WAS AN INSURED MOTOR VEHICLE PURSUANT TO SOUTH CAROLINA STATUTE. FAILURE TO COMPLY SHALL RESULT IN PROSECUTION FOR OPERATING/ALLOWING OPERATION OF AN UNINSURED MOTOR VEHICLE, AND UPON CONVICTION THEREOF, THE DEPARTMENT MUST SUSPEND YOUR DRIVING AND REGISTRATION PRIVILEGES FOR A PERIOD OF THIRTY DAYS AFTER WHICH YOU WILL BE REQUIRED TO FILE PROOF OF FUTURE FINANCIAL RESPONSIBILITY BEFORE REINSTATEMENT.

FOR INSURANCE COMPANY REPRESENTATIVE USE ONLY

TO BE COMPLETED BY INSURANCE AGENCY, BROKER, OR OTHER INSURANCE COMPANY REPRESENTATIVE

I hereby affirm that to the best of my knowledge the policy described below was in effect covering the vehicle listed on the date and time as mentioned. (Failure to complete all information below will result in refusal of this form.)

Name of Insurance Company ___ Policy No. ___ FROM ___ TO ___ Effective Policy Dates

The information as contained herein is based solely upon my knowledge and belief as a representative of the above insurance company and no warranty of liability is imputed to the above mentioned insurance company as I have listed herein.

Signature of Authorized Representative ___ Title ___

Company Code Number ___ (If insurance agent or broker indicate corresponding company code number assigned by the South Carolina Department of Insurance, indicate whether agent, broker, etc.)

Return to: S. C. STATE HIGHWAY DEPARTMENT
FORM 309 / SR-21
FINANCIAL RESPONSIBILITY
P. O. DRAWER 1498
COLUMBIA, S. C. 29216

FOR INSURANCE COMPANY REPRESENTATIVE USE ONLY

CODES

USE APPROPRIATE CODES IN BLOCKS PROVIDED

SEATING

M—Motorcycle
B—Bicycle
O—Other
U—Unknown
P—Pedestrian

SAFETY BELTS

LAP BELT ONLY	LAP AND SHOULDER BELT
N—None installed	E—Not used
F—Fastened	G—Lap Belt only used
U—Unfastened	H—Both belts used
D—Not reported	L—Not reported

INJURY

K—Killed
I—Severe lacerations, broken or distorted limbs, skull fracture, crushed chest, internal injuries, or had to be carried from the scene.
N—Lump on head, abrasions, minor lacerations.
P—Momentary unconsciousness, limping, complaint of pain, nausea, hysteria.

VICTIMS

	NAME	ADDRESS	Age	Sex	Veh No	Seating	Safety Belts	Injury
1.								
	TAKEN TO	TAKEN BY						
	NAME	ADDRESS						
2.								
	TAKEN TO	TAKEN BY						
	NAME	ADDRESS						
3.								
	TAKEN TO	TAKEN BY						
	NAME	ADDRESS						
4.								
	TAKEN TO	TAKEN BY						

ROADWAY & ENVIRONMENT

LIGHT (Circle One)
1—DAYLIGHT
2—DAWN
3—DUSK
4—DARKNESS
5—DARKNESS RD. LIGHTED

WEATHER (Circle One)
1—CLEAR
2—RAINING
3—FOG
4—SNOWING, SLEETING
5—HAILING

LOCALE (Circle One)
1—OPEN COUNTRY
2—RESIDENTIAL
3—SHOPG or BUSINESS
4—MFG. or INDUSTRIAL
5—SCHOOL or PLAYD
6—

CHARACTER (Circle One)
1—STRAIGHT-LEVEL
2—STRAIGHT-ON GRADE
3—STRAIGHT-HILLCREST
4—CURVE-LEVEL
5—CURVE-ON GRADE
6—CURVE-HILLCREST

CONSTRUCTION (Circle One)
1—ASPHALT
2—CONCRETE
3—BRICK
4—DIRT

CONDITION (Circle One)
1—DRY
2—WET
3—SNOWY, ICY
4—MUDDY
5—HAZARDOUS MATERIAL

VISION OBSCURED (Circle One For Each Veh.)

1	2	
01	01	01—NOT OBSCURED
02	02	02—RAIN, SNOW, ICE, Etc. ON WINDSHIELD
03	03	03—TREES, CROPS, BUSHES, Etc.
04	04	04—BUILDINGS
05	05	05—EMBANKMENT
06	06	06—SIGNBOARD
07	07	07—HILLCREST
08	08	08—PARKED VEHICLE(S)
09	09	09—MOVING VEHICLE(S)
10	10	10—BLINDED BY HEADLIGHTS
11	11	11—BLINDED BY SUNLIGHT
12	12	12—OTHER
13	13	13—UNKNOWN IF OBSCURED

DEFECTS (Circle One or More)
1—SHOULDERS LOW
2—SHOULDERS HIGH
3—HOLES, BUMPS, Etc.
4—LOOSE MATERIAL ON SURFACES
5—ROAD UNDER CONST.
6—NONE
7—OTHER

TRAFFIC CONTROL (Circle One & Yes or No)
1—STOP SIGN
2—STOP & GO SIGNAL
3—YIELD SIGN
4—OFFICER OR FLAGMAN
5—RR CROSSING GATES
6—RR FLASHING LIGHTS
7—NONE
8—OTHER
FUNCTIONING Y—Yes N—No

ROADWAY LANES (Circle Two)
ONE-WAY STREET: Y—Yes N—No
1—ONE LANE
2—TWO LANES
3—THREE LANES
4—FOUR LANES
5—FIVE LANES
6—SIX LANES OR MORE
7—UNPAVED (ANY WIDTH)

ROADWAY DIVIDED BY: (Circle One)
1—GUARDRAIL
2—CONCRETE MEDIAN
3—EARTH MEDIAN
4—ROUGH MEDIAN
5—PAINTED MEDIAN OF 2 FT. WIDE OR MORE
6—OTHER
7—NO DIVISION

NARRATIVE

DESCRIBE WHAT HAPPENED (Refer to vehicles by number):

PERSON MAKING REPORT MUST SIGN HERE → X _____

Address

Date of Report _____

Mail report to: S. C. STATE HIGHWAY DEPARTMENT
FORM 309/SR-21
FINANCIAL RESPONSIBILITY
P. O. DRAWER 1498
COLUMBIA, S. C. 29216

KEY
STUDENT SELF-CHECK I

1. c
2. c
3. a
4. b
5. d
6. a
7. c
8. c
9. c
10. b

SOUTH CAROLINA
STATE HIGHWAY DEPARTMENT
COLUMBIA
Form 309 / SR-21
Rev. 11-76
YOUR REPORT IS CONFIDENTIAL AND CANNOT BE USED AS EVIDENCE IN ANY TRIAL

SOUTH CAROLINA TRAFFIC COLLISION REPORT

KEY STUDENT SELF–CHECK II

The driver or owner of a vehicle which is in any manner involved in an accident resulting in total property damages to an apparent extent of one hundred dollars or more or in death or bodily injury, shall complete and send this form to STATE HIGHWAY DEPARTMENT, FINANCIAL RESPONSIBILITY SECTION, P. O. DRAWER 1498, COLUMBIA, SOUTH CAROLINA, within five days of the accident.

FOR OFFICE USE
V C–14

Sheet of Sheet(s)

DATE OF COLLISION Mo. Day Year	COUNTY	DAY OF WEEK (Circle)	TIME	1—INTERSTATE 4—SECONDARY ON 2—U.S. PRIMARY 5—COUNTY 3—S.C. PRIMARY 6—OTHER	ROUTE OR ROAD NUMBER (Also Street Name, If Any)
7 / 9 / 76	Kenton	S (S) T W T F S	9 : 30 A.M. (P.M.)		Main Street

INTERSECTION OF ROUTE OR ROAD NUMBER (Also Street, If Any)	IF NOT AT INTERSECTION: 1—FEET 2—MILES	N E S W OF	ROUTE OR ROAD NUMBER (Also Street Name, If Any)	CITY OR TOWN
AT		N E (S) W OF	Main Street	IN Covington

IF OUTSIDE CITY LIMITS: _____ MILES N E S W OF _____ CITY OR TOWN

COLLISION INVESTIGATED BY: 1—HIGHWAY PATROL 3—COUNTY POLICE 5—OTHER _____ Officer Smith, Badge No. 10
(Circle One or More) (2—CITY POLICE) 4—SHERIFF DEPT. 6—NOT INVESTIGATED
Rank & Name of Officer

Your Unit No. 1 — DRIVER

DRIVER'S FULL NAME	STREET OR R.F.D.	CITY AND STATE	ZIP
Scott Thomas May	252 Ravenwood Road	Crescent Springs, SC	29490

DATE OF BIRTH	SEX	RACE	DRIVER LICENSE NUMBER	STATE
2-17-50	M		M-000-765-768-90	SC

Your Unit No. 1 — VEHICLE

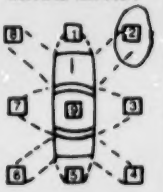
MAKE & IDENTIFICATION (SERIAL) NO.	BODY	YR. MK.	LICENSE TAG NUMBER	STATE	YEAR	LEGALLY PARKED
Buick-3R5917A625840	2 dr.	1976	AGA-505	SC	1976	☐ Yes ☐ No

OWNER'S NAME	STREET OR R.F.D.	CITY AND STATE	Zip
H & N Company	212 Vine Street	Covington, SC	29615

TYPE: (01—AUTO) 03—STA. WAGON 05—TR.-TRACTOR 07—FARM MACH. 09—SCHOOL BUS 11—M-CYCLE
(Circle One) 02—BICYCLE 04—PANEL-PICKUP 06—OTHER TRUCK 08—COMM. BUS 10—OTHER BUS 12—OTHER (Description)

AREA(S) DAMAGED (Use Codes)	APPROXIMATE COST TO REPAIR:	DIRECTION OF TRAVEL: (CIRCLE)
2	$ 252.00	VEHICLE 1 N E S W VEHICLE 2 N E S W

CIRCLE POINT OF INITIAL IMPACT



☐ Other Unit No. 2 or ☐ Pedestrian DR./PED.

OTHER DRIVER'S OR PEDESTRIAN'S FULL NAME	STREET OR R.F.D.	CITY AND STATE	ZIP
Ralph L. Jones	17 Lacey Drive	Erlanger, SC	29544

DATE OF BIRTH	SEX	RACE	DRIVER LICENSE NUMBER	STATE
8-27-41	M		J-001-765-786-09	SC

Other Unit No. 2 — VEHICLE

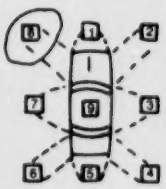
MAKE & IDENTIFICATION (SERIAL) NO.	BODY	YR. MK.	LICENSE TAG NUMBER	STATE	YEAR	LEGALLY PARKED
Ford 7P8204S815963	4-dr.	1974	AGH-702	SC	1976	Yes ☒ No ☐

OWNER'S NAME	STREET OR R.F.D.	CITY AND STATE	Zip
Ralph L. Jones	17 Lacey Drice	Erlanger, SC	29544

TYPE: (01—AUTO) 03—STA. WAGON 05—TR.-TRACTOR 07—FARM MACH. 09—SCHOOL BUS 11—M-CYCLE
(Circle One) 02—BICYCLE 04—PANEL-PICKUP 06—OTHER TRUCK 08—COMM. BUS 10—OTHER BUS 12—OTHER (Description)

AREA(S) DAMAGED (Use Codes)	APPROXIMATE COST TO REPAIR:	IF MORE THAN TWO UNITS USE ADDITIONAL REPORT FORM
8	$ 107.00	

CIRCLE POINT OF INITIAL IMPACT



DAMAGE TO PROPERTY OTHER THAN VEHICLE (Name Object, Name and Address of Owner and Damage)

Approx. Cost to Repair
$

COMPLETE REVERSE SIDE ALSO

☐ Check here if a Form SR-23, Fleet policy of 25 or more vehicles is on file with the State Highway Department covering your vehicle.
☐ Check here if a certificate of self-insurance has been issued by the State Highway Department covering your vehicle and indicate the certificate number _____
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TO VEHICLE OPERATOR/OWNER:
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FOR INSURANCE COMPANY REPRESENTATIVE USE ONLY

TO BE COMPLETED BY INSURANCE AGENCY, BROKER, OR OTHER INSURANCE COMPANY REPRESENTATIVE

I hereby affirm that to the best of my knowledge the policy described below was in effect covering the vehicle listed on the date and time as mentioned. (Failure to complete all information below will result in refusal of this form.)

Name of Insurance Company _____ Policy No. _____ FROM _____ TO _____ Effective Policy Dates

The information as contained herein is based solely upon my knowledge and belief as a representative of the above insurance company and no warranty of liability is imputed to the above mentioned insurance company as I have listed herein.

Signature of Authorized Representative _____ Title _____

Company Code Number _____ (If insurance agent or broker indicate corresponding company code number assigned by the South Carolina Department of Insurance. Indicate whether agent, broker, etc.)

Return to: S. C. STATE HIGHWAY DEPARTMENT
FORM 309 / SR-21
FINANCIAL RESPONSIBILITY
P. O. DRAWER 1498
COLUMBIA, S. C. 29216

FOR INSURANCE COMPANY REPRESENTATIVE USE ONLY

CODES

USE APPROPRIATE CODES IN BLOCKS PROVIDED

SEATING

1	2	3
4	5	6
7	8	9

M—Motorcycle
B—Bicycle
O—Other
U—Unknown
P—Pedestrian

SAFETY BELTS

LAP BELT ONLY
N—None installed
F—Fastened
U—Unfastened
D—Not reported

LAP AND SHOULDER BELT
E—Not used
G—Lap Belt only used
H—Both belts used
L—Not reported

INJURY

K—Killed
I—Severe lacerations, broken or distorted limbs, skull fracture, crushed chest, internal injuries, or had to be carried from the scene
N—Lump on head, abrasions, minor lacerations
P—Momentary unconsciousness, limping, complaint of pain, nausea, hysteria

VICTIMS

	NAME	ADDRESS	Age	Sex	Veh. No	Seating	Safety Belts	Injury
1.	Ralph L. Jones	17 Lacey Drice, Erlanger, SC	35	M	2	1	U	1
	TAKEN TO: Boothby Hospital	TAKEN BY: Ambulance						
2.	NAME	ADDRESS						
	TAKEN TO	TAKEN BY						
3.	NAME	ADDRESS						
	TAKEN TO	TAKEN BY						
4.	NAME	ADDRESS						
	TAKEN TO	TAKEN BY						

ROADWAY & ENVIRONMENT

LIGHT (Circle One)
(1) DAYLIGHT
2—DAWN
3—DUSK
4—DARKNESS
5—DARKNESS RD. LIGHTED

WEATHER (Circle One)
(1) CLEAR
2—RAINING
3—FOG
4—SNOWING SLEETING
5—HAILING

LOCALE (Circle One)
1—OPEN COUNTRY
2—RESIDENTIAL
(3) SHOPG or BUSINESS
4—MFG or INDUSTRIAL
5—SCHOOL or PLAYD
6—

CHARACTER (Circle One)
(1) STRAIGHT-LEVEL
2—STRAIGHT-ON GRADE
3—STRAIGHT-HILLCREST
4—CURVE LEVEL
5—CURVE-ON GRADE
6—CURVE-HILLCREST

CONSTRUCTION (Circle One)
(1) ASPHALT
2—CONCRETE
3—BRICK
4—DIRT

CONDITION (Circle One)
(1) DRY
2—WET
3—SNOWY ICY
4—MUDDY
5—HAZARDOUS MATERIAL

VISION OBSCURED (Circle One For Each Veh.)

1	2	
(1)	(1)	01—NOT OBSCURED
02	02	02—RAIN, SNOW, ICE, Etc ON WINDSHIELD
03	03	03—TREES, CROPS, BUSHES, Etc.
04	04	04—BUILDINGS
05	05	05—EMBANKMENT
06	06	06—SIGNBOARD
07	07	07—HILLCREST
08	08	08—PARKED VEHICLE(S)
09	09	09—MOVING VEHICLE(S)
10	10	10—BLINDED BY HEADLIGHTS
11	11	11—BLINDED BY SUNLIGHT
12	12	12—OTHER
13	13	13—UNKNOWN IF OBSCURED

DEFECTS (Circle One or More)
1—SHOULDERS LOW
2—SHOULDERS HIGH
3—HOLES, BUMPS, Etc
4—LOOSE MATERIAL ON SURFACES
5—ROAD UNDER CONST
(6) NONE
7—OTHER

TRAFFIC CONTROL (Circle One & Yes or No)
1—STOP SIGN
2—STOP & GO SIGNAL
3—YIELD SIGN
4—OFFICER OR FLAGMAN
5—RR CROSSING GATES
6—RR FLASHING LIGHTS
(7) NONE
8—OTHER
FUNCTIONING Y—Yes N—No

ROADWAY LANES (Circle Two)
ONE-WAY STREET (Y) Yes N—No
1—ONE LANE
(2) TWO LANES
3—THREE LANES
4—FOUR LANES
5—FIVE LANES
6—SIX LANES OR MORE
7—UNPAVED (ANY WIDTH)

ROADWAY DIVIDED BY: (Circle One)
1—GUARDRAIL
2—CONCRETE MEDIAN
3—EARTH MEDIAN
4—ROUGH MEDIAN
5—PAINTED MEDIAN OF 2 FT. WIDE OR MORE
(6) OTHER
7—NO DIVISION

NARRATIVE

DESCRIBE WHAT HAPPENED (Refer to vehicles by number):

Vehicle 1 was driving south on Main Street, when the tire blew out, and collided with Vehicle 2.

Vehicle 2 was parked on the right side of the street.

PERSON MAKING REPORT MUST SIGN HERE → X _____

Address

Date of Report _____

Mail report to: S. C. STATE HIGHWAY DEPARTMENT
FORM 309/SR-21
FINANCIAL RESPONSIBILITY
P. O. DRAWER 1498
COLUMBIA, S. C. 29216

Student _____

Date _____

PREPARING ACCIDENT REPORTS

Instructor's Final Checklist

Check the student's performance in the following elements of Preparing Accident Reports in an Office.

Place an X in the appropriate box indicating not accomplished, partially accomplished, or fully accomplished. If, because of special circumstances, the item was impossible to complete, place an X in the "Not Applicable" box.

Performance Level: All items must receive a rating of FULLY ACCOMPLISHED (or Not Applicable). If any items are rated Not Accomplished or Partially Accomplished, the student and instructor will discuss this and decide which learning activities must be repeated.

		Student Performance			
		Not Applicable	Not Accomplished	Partially Accomplished	Fully Accomplished
1.	The student typed the figures with 100% accuracy.	[ ]	[ ]	[ ]	[ ]
2.	The student typed the information on the report form identical to the source information.	[ ]	[ ]	[ ]	[ ]
3.	The student placed the copy in proper alignment.	[ ]	[ ]	[ ]	[ ]
4.	The student typed the copy consistently.	[ ]	[ ]	[ ]	[ ]
5.	The student corrected all errors neatly.				
6.	The student filled in all applicable blank spaces correctly.	[ ]	[ ]	[ ]	[ ]
7.	The student drew any diagrams needed correctly.	[ ]	[ ]	[ ]	[ ]

PERFORMING CLERICAL ACTIVITIES

PREPARING ACCIDENT REPORTS IN AN OFFICE

INSTRUCTOR'S MANUAL

Materials in this Lesson have been
Developed in the State of Kentucky in
A Cooperative Effort Between the Bureau of Vocational Education,
State Department of Education, the Department of
Vocational Education, College of Education, University of Kentucky;
and the Department of Business, Northern Kentucky State College

and

Maleeta M. Jones

These materials support
Performance Objective 5 of the
V-TECS Secretarial Catalog

State Department of Education
Office of Vocational Education
Office Occupations Education
Columbia, South Carolina 29201

In Cooperation With

Vocational Education Media Center
Clemson University
Clemson, South Carolina 29631

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TEACHER'S INSTRUCTIONS

Please review this unit carefully before beginning instruction.

Perishable items in this unit which must be duplicated include:

*SC Traffic Collision Report – pages 8 and 12
Property Loss Form – pages 10 and 11
Instructor's Final Checklist – page 15

*You may have students secure these accident report forms from the State Highway Department in order to add realism.

A driver's license manual will also be helpful in teaching your class when to file a traffic report according to state law. The manual can be obtained from the State Highway Department.

A script is included on Case No. 2, Check Out Activity, which corresponds to a cassette tape of a telephone conversation reporting the accident. You may wish to have your students use only the script for a role playing situation, or you may record the script on a cassette and have your stenographic students take information from the cassette as they would over the telephone.

Keys to Check Out Activities are included in this manual.

SCRIPT

CASE NO. 2, CHECK-OUT ACTIVITIES

** (to be recorded on cassette)

Telephone Rings

Secretary:
Jeffrey Industries, Mrs. James speaking.

John: Hello, Mary. This is John Baker. I've just had a traffic accident.

Mary: Oh no! I hope you weren't hurt! Are you all right?

John: Yes, luckily I'm fine. The brakes went out and I crossed over to the wrong lane. I hit an oncoming car, but I don't think the driver was hurt too badly, although he did have several cuts and bruises. He was taken to General Hospital. I have his personal information for my accident report, if you're ready for it now.

Mary: Of course – exactly where did the accident happen?

John: I was driving north on Lexington Parkway.

Mary: What time did the accident occur?

John: About 9:30.

Mary: I know you've called the police. Did you get the name of the investigating officer?

John: Yes, Officer Brown, Badge No. 23. He said you could pick up a copy of his report after 12 noon.

Mary: Who was driving the other car, and how many passengers did he have?

John: The driver was alone and his name is Ernest H. Long. His address is 72 Jude Circle in town. He was in a 1973 Oldsmobile Cutlass and, of course, all damage was to the front. I really slammed him with no brakes. The damage will probably be close to $1,000. I'm just thankful he isn't hurt seriously.

Mary: Did you get his date of birth?

John: Yes. March 3, 1948. Oh, I almost forgot–his South Carolina license number is L-020-781-785-29 and his car plate is ALH-275.

Mary: That's South Carolina license number L-020-781-782-19 and car plate ALH-275.

John: No– License number is L-020-781-785-29.

Mary: Thank you! That's all I need until I get the police report. I can get your personal data from our files. Will you be coming into the office later today, or do you feel like working? Maybe you should take the rest of the day off.

John: Thank you for your concern, but really–I do feel fine, and I have a lot of work to do. I'll finish out my route in the company car and be back at the office at closing time. I'll see you then.

Mary: O. K. Goodbye, John.

John: Goodbye.

KEY

CHECK OUT ACTIVITY – CASE I

V C–20

PROPERTY LOSS

INSURED J & B Inc.	Hargis Insurance Company
1 POLICY NUMBER 17653	221 South Main Street, Lexington, SC 29072

2 LAST NAME	FIRST	INITIAL	I.D. OR SOCIAL SECURITY NO.
J & B Inc.			327-52-9186

3 ADDRESS	HOME PHONE	BUSINESS PH.
2121 Lewis Drive, Lexington, SC 29072	685-3619	685-3417

4 MAIL ADDRESS, IF DIFFERENT

5 WHERE CAN INSURED BE CONTACTED?	WHEN?
J & B Inc.	9:00 a.m. to 5:00 p.m.

LOSS	
Damage to J & B Inc. building and equipment	

6 DATE AND TIME OF LOSS AM LOSS LOCATION IF DIFFERENT THAN PROPERTY ADDRESS

March 9, 19-- 10PM

7 KIND OF LOSS (fire, wind, explosion, etc.)	PROBABLE AMT., ENTIRE LOSS
Wind and hail storm	$1,175

8 DESCRIPTION OF LOSS & DAMAGE (Use Reverse, if Necessary.)

Damage to front of building including broken window, broken receptionist's desk, broken typewriter, and carpet damage.

POLICY INFORMATION Standard Property Damage Policy				
9 ITEMS INVOLVED IN LOSS	AMOUNT	BLDG.	OTHER	COVERAGE OF PROPTY.
Window	275	office J & B Inc.		$5,000 maximum
Desk and typewriter	650	"		"
Carpet	250	"		"

10 SUBJECT TO FORM NOS. (Insert form nos. & edition dates.)

35-66-73

11 DEDUCTIBLE WINDSTORM & HAIL
$100

DEDUCTIBLE OTHER PERILS

MISCELLANEOUS

12 OTHER INSURANCE (List names of companies, policy numbers & amounts.)

13

14

15 REMARKS (If emergency handling required or if subrogation possibilities, explain:
Emergency handling required - telephoned in

16

17

ADJUSTER ASSIGNED

18 DATE
March 10, 19--

19 REPORTED BY
Secretary (student's name)

20 REPORTED TO
Hargis Insurance Agent

21 FURTHER DESCRIPTION

22 SIGNATURE OF INSURED
(Your Employer)

SOUTH CAROLINA
STATE HIGHWAY DEPARTMENT
COLUMBIA
Form 309 / SR-21
Rev. 11-78
YOUR REPORT IS CONFIDENTIAL AND CANNOT BE USED AS EVIDENCE IN ANY TRIAL

KEY

SOUTH CAROLINA TRAFFIC COLLISION REPORT

CHECK OUT ACTIVITY
CASE II

FOR OFFICE USE
V C–22

The driver or owner of a vehicle which is in any manner involved in an accident resulting in total property damages to an apparent extent of one hundred dollars or more or in death or bodily injury, shall complete and send this form to STATE HIGHWAY DEPARTMENT, FINANCIAL RESPONSIBILITY SECTION, P. O. DRAWER 1498, COLUMBIA, SOUTH CAROLINA, within five days of the accident.

Sheet ___ of ___ Sheet(s)

DATE OF COLLISION Mo / Day / Year	COUNTY	DAY OF WEEK (Circle)	TIME	1—INTERSTATE 4—SECONDARY ON 2—U.S. PRIMARY 5—COUNTY 3—S.C. PRIMARY 6—OTHER	ROUTE OR ROAD NUMBER (Also Street Name, If Any)
4 / 5 / 78	Fayette	S M T W T F S	9 : 30 A.M. P.M.		Lexington Parkway

INTERSECTION OF ROUTE OR ROAD NUMBER (Also Street, If Any)	IF NOT AT INTERSECTION: 1—FEET 2—MILES	N E S W OF	ROUTE OR ROAD NUMBER (Also Street Name, If Any)	CITY OR TOWN
AT			Lexington Parkway	IN Lexington

IF OUTSIDE CITY LIMITS: ___ MILES N E S W OF ___ CITY OR TOWN

COLLISION INVESTIGATED BY: 1—HIGHWAY PATROL 3—COUNTY POLICE 5—OTHER ___ (Circle One or More) 2—CITY POLICE 4—SHERIFF DEPT. 6—NOT INVESTIGATED

Officer Brown, No. 23
Rank & Name of Officer

Your Unit No. 1 — DRIVER / VEHICLE

DRIVER'S FULL NAME	STREET OR R.F.D.	CITY AND STATE	ZIP
John Donald Baker	27 Lakeview Drive	Lexington, SC	29072

DATE OF BIRTH	SEX	RACE	DRIVER LICENSE NUMBER	STATE
August 27, 1951	M		B-000-321-954-221-0	SC

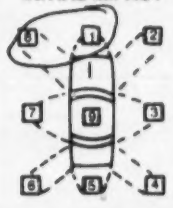
MAKE & IDENTIFICATION (SERIAL) NO.	BODY	YR. MK.	LICENSE TAG NUMBER	STATE	YEAR	LEGALLY PARKED
Chevrolet - No. OJ24MN9085321	4-Dr.	75	BLT-249	SC		☐ Yes ☐ No

OWNER'S NAME	STREET OR R.F.D.	CITY AND STATE Zip
Jeffrey Industries	132 Park Avenue	Lexington, SC 29072

TYPE: (Circle One) 01—AUTO 03—STA. WAGON 05—TR.-TRACTOR 07—FARM MACH. 09—SCHOOL BUS 11—M-CYCLE 02—BICYCLE 04—PANEL-PICKUP 06—OTHER TRUCK 08—COMM. BUS 10—OTHER BUS 12—OTHER (Description)

AREA(S) DAMAGED (Use Codes)	APPROXIMATE COST TO REPAIR	DIRECTION OF TRAVEL (CIRCLE)
1, 8	$ 1,150	VEHICLE 1 N E S W VEHICLE 2 N E S W

CIRCLE POINT OF INITIAL IMPACT



☐ Other Unit No. 2 or ☐ Pedestrian — DR./PED. / VEHICLE

OTHER DRIVER'S OR PEDESTRIAN'S FULL NAME	STREET OR R.F.D.	CITY AND STATE	ZIP
Ernest H. Long	72 Jude Circle	Lexington, SC	29072

DATE OF BIRTH	SEX	RACE	DRIVER LICENSE NUMBER	STATE
March 3, 1948	M		L-020-781-785-29	SC

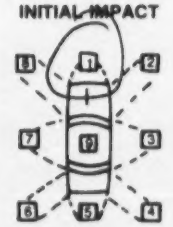
MAKE & IDENTIFICATION (SERIAL) NO.	BODY	YR. MK.	LICENSE TAG NUMBER	STATE	YEAR	LEGALLY PARKED
Oldsmobile No. OK13NL7654098	2-Dr.	73	ALH-275	SC		Yes ☐ No ☐

OWNER'S NAME	STREET OR R.F.D.	CITY AND STATE Zip
Ernest H. Long	72 Jude Circle	Lexington, SC 29072

TYPE: (Circle One) 01—AUTO 03—STA. WAGON 05—TR.-TRACTOR 07—FARM MACH. 09—SCHOOL BUS 11—M-CYCLE 02—BICYCLE 04—PANEL-PICKUP 06—OTHER TRUCK 08—COMM. BUS 10—OTHER BUS 12—OTHER (Description)

AREA(S) DAMAGED (Use Codes)	APPROXIMATE COST TO REPAIR	IF MORE THAN TWO UNITS
1	$ 925	USE ADDITIONAL REPORT FORM

CIRCLE POINT OF INITIAL IMPACT



DAMAGE TO PROPERTY OTHER THAN VEHICLE (Name Object, Name and Address of Owner and Damage) — Approx. Cost to Repair $

COMPLETE REVERSE SIDE ALSO

☐ Check here if a Form SR-23, Fleet policy of 25 or more vehicles is on file with the State Highway Department covering your vehicle.
☐ Check here if a certificate of self-insurance has been issued by the State Highway Department covering your vehicle and indicate the certificate number ___
☐ Check here if liability insurance was not in effect for your vehicle to comply with South Carolina Statutory Requirements.

(If any of the above are applicable, disregard the below portion.)

TO VEHICLE OPERATOR/OWNER:
YOU ARE HEREBY REQUIRED TO RETURN THIS FORM TO THE SOUTH CAROLINA HIGHWAY DEPARTMENT, MOTOR VEHICLE DIVISION, FINANCIAL RESPONSIBILITY, DRAWER 1498, COLUMBIA, SOUTH CAROLINA, 29216, WITH THE BELOW PORTION COMPLETED BY AN AUTHORIZED AGENT OR REPRESENTATIVE OF YOUR INSURANCE COMPANY SHOWING THAT ON THE DATE AND TIME STATED ABOVE WHEN THE MOTOR VEHICLE WAS BEING OPERATED, THAT IT WAS AN INSURED MOTOR VEHICLE PURSUANT TO SOUTH CAROLINA STATUTE. FAILURE TO COMPLY SHALL RESULT IN PROSECUTION FOR OPERATING/ALLOWING OPERATION OF AN UNINSURED MOTOR VEHICLE, AND UPON CONVICTION THEREOF, THE DEPARTMENT MUST SUSPEND YOUR DRIVING AND REGISTRATION PRIVILEGES FOR A PERIOD OF THIRTY DAYS AFTER WHICH YOU WILL BE REQUIRED TO FILE PROOF OF FUTURE FINANCIAL RESPONSIBILITY BEFORE REINSTATEMENT.

FOR INSURANCE COMPANY REPRESENTATIVE USE ONLY

TO BE COMPLETED BY INSURANCE AGENCY, BROKER, OR OTHER INSURANCE COMPANY REPRESENTATIVE

I hereby affirm that to the best of my knowledge the policy described below was in effect covering the vehicle listed on the date and time as mentioned. (Failure to complete all information below will result in refusal of this form.)

Name of Insurance Company ___ Policy No. ___ Effective Policy Dates FROM ___ TO ___

The information as contained herein is based solely upon my knowledge and belief as a representative of the above insurance company and no warranty of liability is imputed to the above mentioned insurance company as I have listed herein.

Signature of Authorized Representative ___ Title ___

Company Code Number ___ (If insurance agent or broker indicate corresponding company code number assigned by the South Carolina Department of Insurance. Indicate whether agent, broker, etc.)

Return to: S. C. STATE HIGHWAY DEPARTMENT
FORM 309 / SR-21
FINANCIAL RESPONSIBILITY
P. O. DRAWER 1498
COLUMBIA, S. C. 29216

FOR INSURANCE COMPANY REPRESENTATIVE USE ONLY

27

CODES

USE APPROPRIATE CODES IN BLOCKS PROVIDED

SEATING

1	2	3
4	5	6
7	8	9

M—Motorcycle
B—Bicycle
O—Other
U—Unknown
P—Pedestrian

SAFETY BELTS

LAP BELT ONLY
N—None installed
F—Fastened
U—Unfastened
D—Not reported

LAP AND SHOULDER BELT
E—Not used
G—Lap Belt only used
H—Both belts used
L—Not reported

INJURY

K—Killed
I—Severe lacerations, broken or distorted limbs, skull fracture, crushed chest, internal injuries, or had to be carried from the scene
N—Lump on head, abrasions, minor lacerations
P—Momentary unconsciousness, limping, complaint of pain, nausea, hysteria

VICTIMS

	NAME / ADDRESS	Age	Sex	Veh No	Seating	Safety Belts	Injury
1.	Ernest H. Long, 72 Jude Circle, Lexington, SC 29072	30	M	2	1	L	N
	TAKEN TO: General Hospital, Lexington, SC — TAKEN BY: Ambulance						
2.	NAME / ADDRESS						
	TAKEN TO / TAKEN BY						
3.	NAME / ADDRESS						
	TAKEN TO / TAKEN BY						
4.	NAME / ADDRESS						
	TAKEN TO / TAKEN BY						

ROADWAY & ENVIRONMENT

LIGHT (Circle One)
(1) DAYLIGHT
2—DAWN
3—DUSK
4—DARKNESS
5—DARKNESS RD LIGHTED

WEATHER (Circle One)
(1) CLEAR
2—RAINING
3—FOG
4—SNOWING SLEETING
5—HAILING

LOCALE (Circle One)
1—OPEN COUNTRY
2—RESIDENTIAL
(3) SHOPG or BUSINESS
4—MFG or INDUSTRIAL
5—SCHOOL or PLAYD
6—

CHARACTER (Circle One)
(1) STRAIGHT-LEVEL
2—STRAIGHT-ON GRADE
3—STRAIGHT-HILLCREST
4—CURVE-LEVEL
5—CURVE-ON GRADE
6—CURVE-HILLCREST

CONSTRUCTION (Circle One)
(1) ASPHALT
2—CONCRETE
3—BRICK
4—DIRT

CONDITION (Circle One)
1—DRY
(2) WET
3—SNOWY, ICY
4—MUDDY
5—HAZARDOUS MATERIAL

VISION OBSCURED (Circle One For Each Veh.)

	1	2
01	(01)	(01)
02	02	02
03	03	03
04	04	04
05	05	05
06	06	06
07	07	07
08	08	08
09	09	09
10	10	10
11	11	11
12	12	12
13	13	13

01—NOT OBSCURED
02—RAIN, SNOW, ICE, Etc. ON WINDSHIELD
03—TREES, CROPS, BUSHES, Etc.
04—BUILDINGS
05—EMBANKMENT
06—SIGNBOARD
07—HILLCREST
08—PARKED VEHICLE(S)
09—MOVING VEHICLE(S)
10—BLINDED BY HEADLIGHTS
11—BLINDED BY SUNLIGHT
12—OTHER
13—UNKNOWN IF OBSCURED

DEFECTS (Circle One or More)
1—SHOULDERS LOW
2—SHOULDERS HIGH
3—HOLES, BUMPS, Etc
4—LOOSE MATERIAL ON SURFACES
5—ROAD UNDER CONST
(6) NONE
7—OTHER

TRAFFIC CONTROL (Circle One & Yes or No)
1—STOP SIGN
2—STOP & GO SIGNAL
3—YIELD SIGN
4—OFFICER OR FLAGMAN
5—RR CROSSING GATES
6—RR FLASHING LIGHTS
(7) NONE
8—OTHER
FUNCTIONING Y—Yes N—No

ROADWAY LANES (Circle Two)
ONE-WAY STREET Y—Yes (N)—No
1—ONE LANE
(2) TWO LANES
3—THREE LANES
4—FOUR LANES
5—FIVE LANES
6—SIX LANES OR MORE
7—UNPAVED (ANY WIDTH)

ROADWAY DIVIDED BY: (Circle One)
1—GUARDRAIL
2—CONCRETE MEDIAN
3—EARTH MEDIAN
4—ROUGH MEDIAN
(5) PAINTED MEDIAN OF 2 FT. WIDE OR MORE
6—OTHER
7—NO DIVISION

NARRATIVE

DESCRIBE WHAT HAPPENED (Refer to vehicles by number):

Vehicle 1 was traveling north on Lexington Parkway when the brakes failed. Vehicle 1 crossed lanes hitting an oncoming car, vehicle 2, that was headed south.

PERSON MAKING REPORT MUST SIGN HERE → X _____

Address

Date of Report _____

Mail report to: S. C. STATE HIGHWAY DEPARTMENT
FORM 309/SR-21
FINANCIAL RESPONSIBILITY
P. O. DRAWER 1498
COLUMBIA, S. C. 29216